

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34723

State File No.

FILED NOV 10 1952

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>982</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (In this place) <u>5 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1101 East Commercial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>1101 E Commercial</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>TATE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>November 1 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 26, 1890</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Newell Tate</u>				13b. MOTHER'S MAIDEN NAME <u>Tenny Rayborn</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Needham Tate</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mabel Needham Tate, Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>September 49</u> , to <u>Nov. 1, 1952</u> , that I last saw the deceased alive on <u>Nov. 1, 1952</u> , and that death occurred at <u>2:45 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Do not write in this space) <u>D. Allen Pickens, M.D.</u>				23b. ADDRESS <u>407 Medical Arts Bg.</u>		23c. DATE SIGNED <u>11-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Near Bendavis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-3-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Windle, Mort. Home, Mo.</u>		ADDRESS <u>RW</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

Hickens
M.D. 2/12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Bernard F. Wright*

Licensed Embalmer No. *4293*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.